

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. 291 355,637	FILING DATE
CLAIMS							APPLICANT(S)	
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1		1			
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TOTAL IND.	1		1		1			
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TOTAL IND.	1							
TOTAL DEP.	24							
TOTAL CLAIMS	25							